

**CME QUESTIONS: TEST #060024S**

The Johns Hopkins University School of Medicine designates this continuing medical education activity for 4 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he or she actually spends on the educational activity. Credits are available until the expiration date of December 31, 2002.

**Instructions**

After reading this Special Report supplement, select the one best answer to each of the following questions. At least 7 of the 10 answers must be correct to receive continuing medical education credit.

**1. A Centers for Disease Control and Prevention (CDC)-authored study of more than 7000 pediatric patient encounters in Georgia revealed that:**

- a) 43% of all encounters resulted in antibiotic prescription
- b) 18% of all patient/parent telephone contacts resulted in antibiotic prescription
- c) 97% of physicians reported that they were aware of antibiotic overuse as a factor in resistance
- d) 81% of pediatricians and 93% of family physicians prescribed antibiotics inappropriately for bronchitis
- e) All of the above

**2. Maintaining concentrations of antibiotic above the minimum inhibitory concentration (MIC) within the space where the organism replicates allows the best opportunity for:**

- a) Resistance development
- b) Pathogen eradication
- c) *In vivo* disposition differences
- d) Sufficient extracellular concentrations
- e) None of the above

**3. Which of the following has occurred as a result of the National Committee for Clinical Laboratory Standards change in the breakpoints for *Streptococcus pneumoniae*?**

- a) Rates of resistance to amoxicillin and amoxicillin/clavulanate fall to approximately 6% from 25%.
- b) Cefuroxime resistance rates fell by 2%.
- c) Five cephalosporins had breakpoints established when none were previously established.
- d) Charges have been made that even the modified breakpoints are too conservative for predicting clinical outcome in patients with pneumococcal lower respiratory tract infections.
- e) All of the above

**4. Which of the following is NOT true of macrolide resistance among *S pneumoniae*?**

- a) An efflux pump, encoded for by the *mefA* gene, is a primary mechanism of resistance.
- b) An *ermB*-mediated ribosomal methylase is a primary mechanism of resistance.
- c) Presence of a single resistance mechanism results in cross-resistance to all macrolides.
- d) Reports of treatment failures are common.
- e) a, b, and c

**5. Fluoroquinolone resistance:**

- a) Has remained low in the United States
- b) Has not changed significantly in the United States during the past 5 years
- c) Increased in Canada in proportion to use
- d) Is an area of grave concern according to recent community-acquired pneumonia (CAP) guidelines
- e) All of the above

**6. Provider selection of antimicrobial therapy is predicated on which of the following criteria?**

- a) Outcome and potency
- b) Cost and formulary inclusion
- c) Risk of resistance and safety

(CME QUESTIONS CONTINUED ON FOLLOWING PAGE)

<b>CME TEST FORM</b>	Please circle your answers:	(PLEASE PRINT CLEARLY)
AJMC Test #060024S	1. a b c d e	Name _____
The Latest Clinical Advances in Antimicrobial Use—A Managed Care Perspective	2. a b c d e	Address _____
(Test valid through December 31, 2002. No credit will be given after this date.)	3. a b c d e	City _____
	4. a b c d e	State/ZIP _____
	5. a b c d e	Phone # _____
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Johns Hopkins University School of Medicine would like to have your opinion. Please fill out the questionnaire below, tear off along the dotted line, and mail along with your CME test form. We thank you for your evaluation, which is most helpful.

*On the whole, how do you rate the information presented in these articles?*

excellent  good  fair  poor

*Is the information presented useful in your practice?*

yes  no

*Do you have recommendations to improve this program?*

yes  no

Comments:

\_\_\_\_\_

*Were any portions of this program unsatisfactory or inappropriate?*

yes  no

*If so, which?*

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*Do you find the information presented in these articles to be fair, objective, and balanced?*

yes  no

*Is there subject matter you would like included in the future?*

yes  no

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Program Title

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Specialty

- d) a and c
- e) All of the above

**7. A paradox exists in that *in vitro* resistance to antimicrobial agents is widely documented, yet patients are frequently treated successfully with those therapies. The paradox may be explained by:**

- a) Resistance/susceptibility breakpoints are initially based on the first pass on serum levels achievable by drugs, not the tissues
- b) Microbes change their physiologic state during infection
- c) Drugs are altered by the host, defying laboratory measurement
- d) Drugs can have nonbacterial effects on the host directly
- e) All of the above

**8. Infectious Diseases Society of American guidelines for the diagnosis and management of CAP deemphasize:**

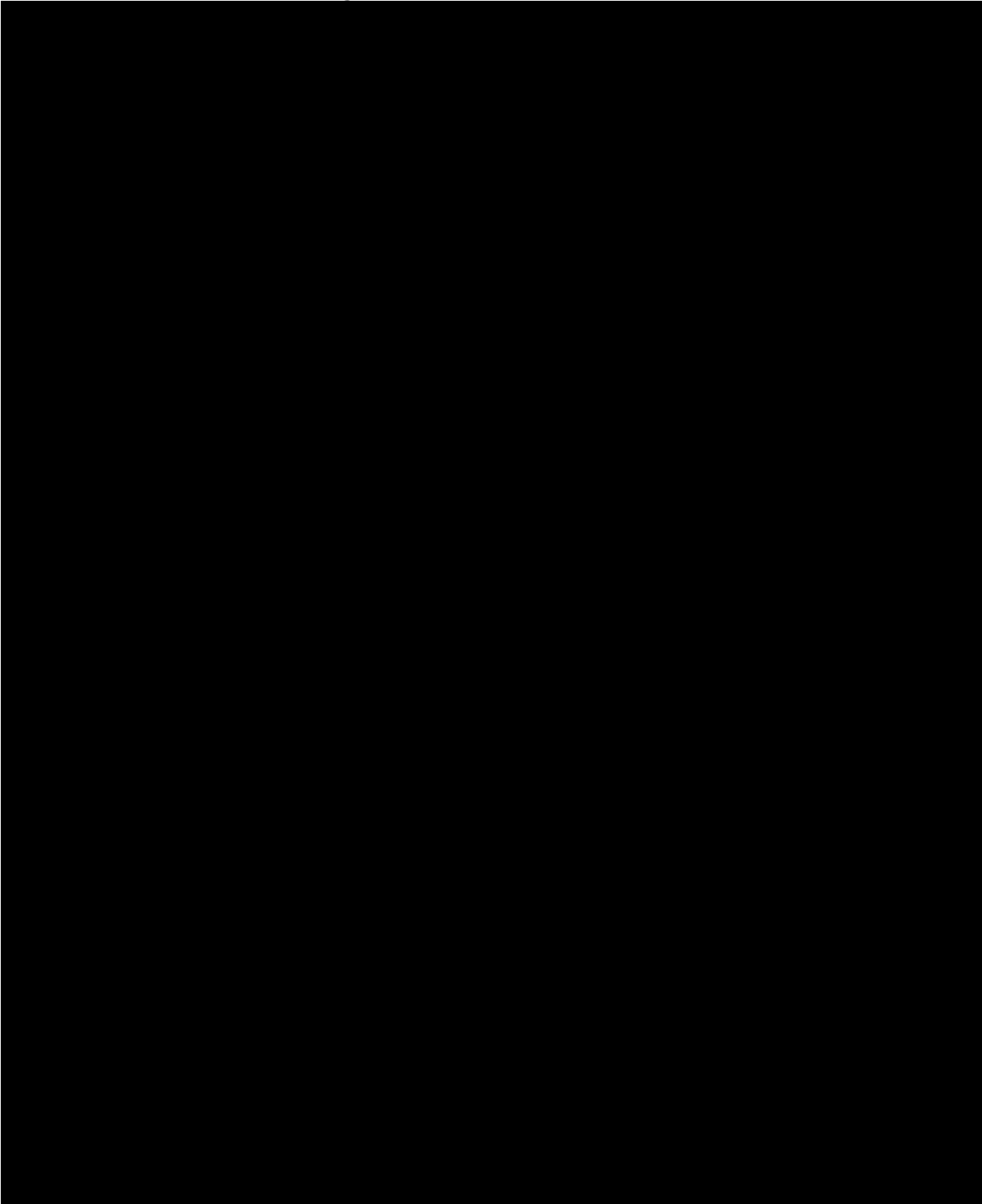
- a) Microbiologic issues
- b) Economic issues
- c) Adherence issues
- d) The use of narrow-spectrum agents
- e) All of the above

**9. The CDC guidelines express grave concern about the use of fluoroquinolones for empiric treatment of outpatient CAP because of:**

- a) A lack of data on the efficacy of these agents in critically ill patients
- b) The broad spectrum of activity of the fluoroquinolones
- c) The possibility of emergence of resistance
- d) Unpublished data suggesting an increasing prevalence of fluoroquinolone resistance in the United States
- e) All of the above

**10. Which of the following statements are true?**

- a) Respiratory tract infections account for as many as 120 million physician office visits per year.
- b) As many as 3 million to 4 million cases of pneumonia are diagnosed each year.
- c) \$8.4 billion a year is spent in treatment of CAP.
- d) Eight percent of CAP costs are for antibiotic therapies.
- e) All of the above



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